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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12426

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1715

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas City Convalescent Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-13-43 - 4-19-48 (Specify whether
In this community 45 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town K.C. Mo. (If outside city or town limits, write "RURAL") 3
(d) Street No. 636 Garfield (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Fannie Berman
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph Berman
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 70 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country) 6
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country) 9
16. (a) Informant Joseph Berman
(b) Address 636 Garfield
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield Cem.
18. (a) Signature of funeral director J. P. Lewis Funeral Home
(b) Address 3400 Woodland
19. (a) 4-20-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug. 1947 to April 19 1948 that I last saw her alive on April 12 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 1. Myocarditis, chronic	
Due to 2. Cardiac, Failure	
Due to	
Other conditions 1. Hemiplegia, right, old. (Include pregnancy within 3 months of death) cerebral hemorrhage	

Major findings:
Of operations No operations
Of autopsy None 93 D

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Paul E. Pearson (M. D. ~~or other~~) M.D.
Address 1025 Rialto Bldg, K.C. Mo. Date signed 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.